



Trainers Information Kit & Concussion Guide

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Quick Actions (Game Day)

Use this as a fast reference for match day. If in doubt, rule them out.

- **RECOGNISE:** Recognise possible concussion or injury and assess using the [HeadCheck app](#) (All trainers should download this app) and/or [Concussion Recognition Tool 6 \(CRT6\)](#) where appropriate.
- **REMOVE:** Remove the player from training/match immediately.
- **REFER:** Arrange with parents/ guardians' assessment by a medical doctor as soon as possible.
- **NO SAME-DAY RETURN:** The player must NOT return to play in the same match or training session.
- **DOCUMENT:** Complete an [Australian Football Injury Reporting Form](#) and email it to the Trainers Coordinator to be logged.

Send forms to: njfc.trainer@outlook.com

Questions / escalation: Contact the Trainers Coordinator (see Contact Details above).

Forms & reporting who does what (quick guide)

- **Trainer:** Complete the Australian Football Injury Reporting Form for any reportable injury (including suspected concussion) and email it to the Trainers Coordinator after the round (or sooner for serious injuries).
- **Parent/guardian:** Lodge any insurance claim with the EFNL and provide the completed Injury Reporting Form as supporting documentation.
- **Doctor:** Provide medical assessment and (where applicable) return-to-play clearance; trainers do not diagnose concussion.

Register an Injury

When an injury has taken place trainers must complete an Australian Football Injury Reporting form. Once finalised please email a copy of this form to the Trainers Co-ordinator so that it can log it onto our data base. This allows the club to have a record of all injuries for future reference.

IMPORTANT: Forms need to be completed in case an insurance claim is made. Hard copies of the forms are in each of your kits and can also be found on our web page.

Insurance Claims for Serious Injuries

The club is insured for injury via the EFNL.

Parents/ guardians will need to make any claims using the form via the link below. They will need to download the actual claim form for completion. Under this policy all Medicare or private health expense must be claimed first. The league policy applies to the remaining out of pocket expenses. A completed injury report form will need to be provided. Please contact the Trainers Coordinator with any questions.

<https://www.eflinsurance.com.au/claims/>

Below are the EFNL Association details required to make a claim:

- National Association: AFL
- State Association: AFL Victoria
- Local Association: Eastern Football Netball League
- Association Number: NA
- Club: Norwood Junior Football Club
- Sport: Australian Rules Football
- Policy Number: PMEL99/0073204

Match Forms (Electronic Versions)

- The player (or parent/guardian on behalf of their child must complete the Return to Play Medical Clearance Form and take to doctor to receive medical clearance before returning to full contact training or playing AFL [Return to Play Medical Clearance Form](#)
- Stages of Graded Return to Play [Return to Play Concussion Stages](#) (and in Concussion Policy below)
- Match Day Head Injury Assessment and Referral Form (13+) [Match Day Head Injury Assessment and Referral Form \(13+\)](#)
- Match Day Head Injury Assessment and Referral Form (U12 and under) [Match Day Head Injury Assessment and Referral Form \(U12 and under\)](#)

Supplies

When you need supplies for your kit please contact the [Trainers Coordinator](#) via email or WhatsApp and let them know what you need and the club will try to get what you need as soon as they can.

Tape

Tape should not be handed out for players who want it only to feel better or for appearance. This type of taping is not funded by the Club.

Tape is supplied for players returning from an injury or if taping is recommended by their doctor.

For ongoing injuries, players should seek advice from a doctor or physiotherapist rather than relying on taping alone.

Concussion (Quick Guide)

Treat concussion seriously. Better to be on the safe side and err on the side of caution. IF IN DOUBT, RULE THEM OUT. Full Concussion Policy and Protocol on the following pages.

PLEASE DOWNLOAD THE [HEADCHECK APP](#) IF YOU HAVE NOT DONE ALREADY. THIS IS AN EXCELLENT TOOL TO TAKE YOU THROUGH THE CONCUSSION CHECK ON GAME DAY.

Concussion Policy

With recent research and understanding of the basis around concussion in sport and Australian Rules Football, new guidelines have been developed in order to simplify the management process. At the Norwood Junior Football Club, we have now developed clear steps in order to gain consistency amongst trainers' management of the issue. This will assist in establishing the most efficient aid to the player and their returning to sport.

What Is Concussion?

- Concussion is an injury to the brain caused by an impact to the head, or the body with force transmitting to the head.
- While concussion is the most common form of head injury observed in Australian Football it is part of a spectrum of head injuries that ranges from severe traumatic brain injury to repetitive head trauma that does not cause any obvious or immediate symptoms.
- The more severe injuries usually involve structural damage, such as fractures of the skull and bleeding in the brain. Fortunately, severe head injuries are uncommon, but **they do require urgent medical attention.**
- Concussion typically falls into the milder spectrum of traumatic brain injury, where forces transmitted to the brain injure or “stun” the nerves and affect how the brain functions. There is usually no evidence of structural damage on commonly used scans such as Computerised Tomography (CT) or Magnetic Resonance Imaging (MRI).
- Concussion is characterised by
Observable signs:
 - Not behaving as their “usual self”,
 - lying motionless on the ground,
 - a blank or vacant look,
 - balance difficulties or motor incoordination

Player reported symptoms:

- headache,
 - blurred vision,
 - dizziness,
 - nausea,
 - balance problems,
 - fatigue and feeling dinged,
 - Dazed or “not quite right”
- Other common features of concussion include:
 - confusion,
 - memory loss and reduced ability to think clearly and process information.
- Important:** loss of consciousness is seen in less than 10% of cases of concussion. That is, the player does not have to lose consciousness to have a concussion.
- The effects of concussion evolve or change over time. Whilst in most cases, symptoms improve, in some cases effects can worsen in the few hours after the initial injury. Any player suspected of sustaining a concussion must be monitored for worsening effects and be assessed by a medical doctor as soon as possible after the injury

Training / Game Day

Initial management (training and game day):

1. **Recognise:** Recognise possible concussion or injury and assess using the [HeadCheck app](#) (All trainers should download this app) and/or [Concussion Recognition Tool 6 \(CRT6\)](#) where appropriate.
2. **Remove:** Remove the player from the match or training.
3. **Refer:** Refer the player to a medical doctor for assessment as soon as possible.
4. **No same-day return:** Any player suspected of concussion must NOT return to play in the same match or training session.
5. **Document:** Ensure the injury is documented and forms are completed and sent as required.

Trainer role is to recognise, remove, refer, and document; medical diagnosis and return-to-play clearance must be provided by a doctor (see section below).

Any player who has suffered a concussion or is suspected of having a concussion must be medically assessed as soon as possible after the injury and **must NOT be allowed to return to play in the same match or training session.**

Trainers should not be swayed by the opinions of coaches, players, or others suggesting a premature return to play. Conversely, coaches must, in accordance with the AFL Coaches Code of Conduct, not put undue pressure on trainers or players to make such decisions.

Returning to Play

The most important aspect of return to play protocols is guiding the player through key stages rather than simply following suggested time frames or the number of days post injury.

The critical [stages for return to play](#) following concussion include:

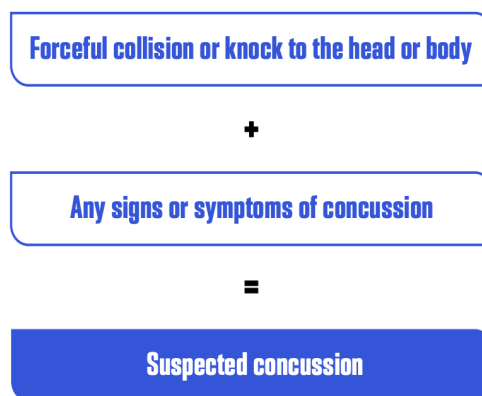
1. A brief period of relative rest (24-48 hours),
 2. A period of recovery,
 3. A graded loading program (with medical clearance required before full contact training),
 4. Unrestricted return to play
- **Players cannot enter stage 3, the graded loading program, until they have recovered from their concussion.** Recovery means that all concussion-related symptoms and signs have fully resolved (for at least 24 hours) at rest and with intense physical exertion, and they have successfully returned to work and/or study, without restrictions.
 - Any concussed player must not return to competitive contact sport (including full contact training sessions) before they have completed all stages of the return to play process and obtained [medical clearance](#).

- How concussion presents and the rate and pattern of recovery vary from person to person and injury to injury. Players will also have different individual circumstances (e.g. the number of previous concussions) and priorities (e.g. return to school in young people). The return to play program must be **individualised based on progress, rather than the number of days since the incident**
- **The earliest that the player may return to play** (once they have completed a graded loading program and have obtained medical clearance) is **on the 21st day following the concussion** (where the day of concussion is designated day "0", see Figures 3 and 4). This means that a player who is concussed in a match on a Saturday will miss at least the next two Saturday matches and will only be able to return to play on the third Saturday (i.e. the 21st day after the concussion was sustained) if they have recovered according to the protocols and have been medically cleared to return to play. In many cases, recovery will be slower than the minimum 21 days.

Management of More Complicated Cases

- **Any player with symptoms lasting 4 or more weeks or those who are unable to progress through the return to play protocols due to recurrence of symptoms must not return to play while still symptomatic** and should seek review with a doctor with expertise in the management of concussion.
- Any player with 2 or more concussions in the same season, or 3 concussions within 12 months should also be managed more conservatively, with a slow return to play protocol and must receive medical clearance to return to play, irrespective of the timeframe since the concussion occurred.

FIGURE 1. **HOW TO RECOGNISE CONCUSSION**



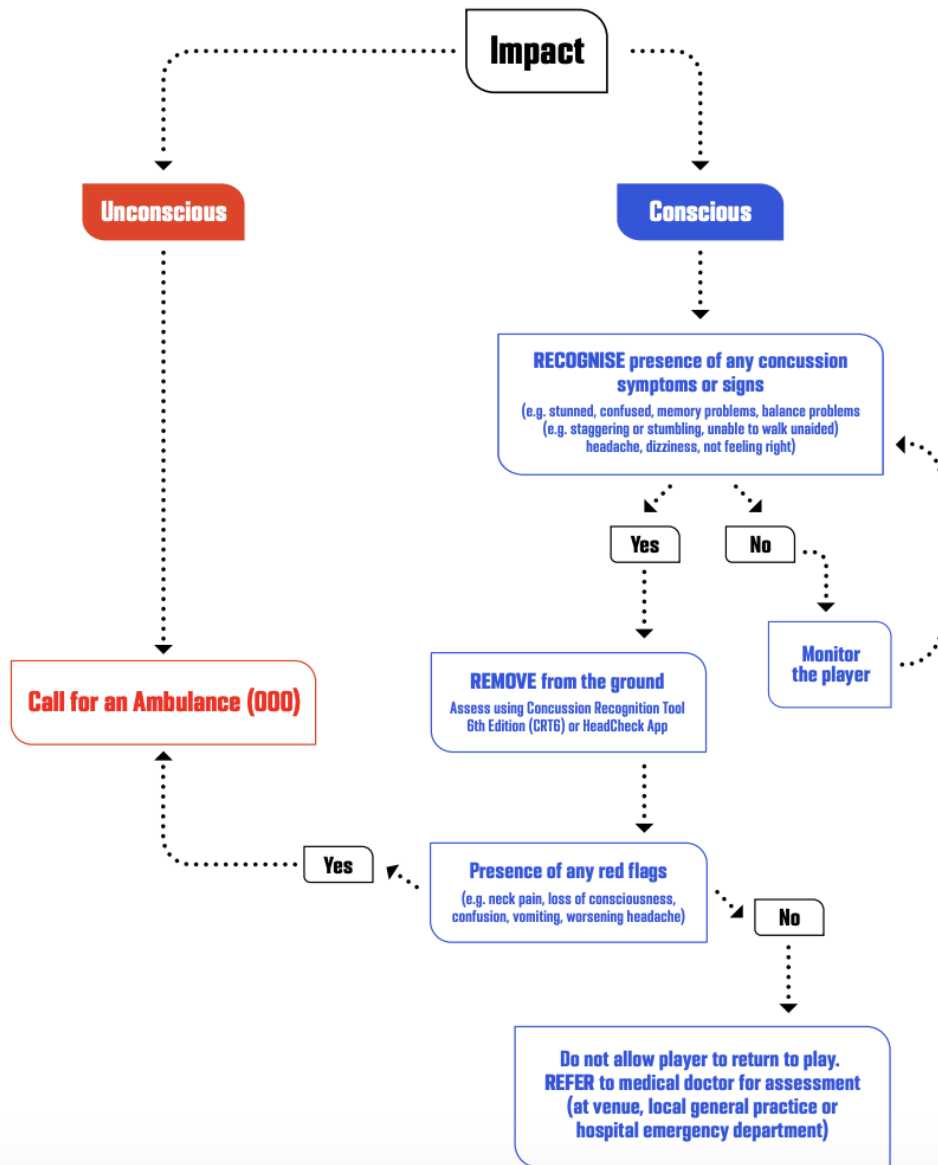
- Concussion should be suspected when there is a possible mechanism of injury (e.g. direct knock to the head or forceful impact to the body) that may have been observed or reported, and/or the player exhibits any one or more visual signs or reports any symptoms.
- In many cases, the trainer may not see exactly what happened and the possibility of a concussion should be kept in mind.
- The key to recognising concussion is looking, asking and listening, and then monitoring the player for any changes over time. Look for visual clues suggesting a possible concussion. These include:
 - a. Loss of consciousness or responsiveness
 - b. Lying motionless on the ground/slow to get up
 - c. Vomiting
 - d. Tonic posturing or impact seizure
 - e. Unsteady on feet/balance problems or falling over/incoordination
 - f. Grabbing/clutching of the head
 - g. Dazed, blank or vacant look
 - h. Confused/not aware of plays or events

- i. Impaired memory (unable to recall events leading up to or following the injury)
 - j. Facial injury
 - k. Player does not seem like their normal self
- **Loss of consciousness, confusion and memory disturbance are all classic features of concussion. The problem with relying on these features to identify a suspected concussion is that they are not present in every case**
- Ask about (and listen for) symptoms reported by the player. Symptoms that should raise suspicion of concussion include:
 - a. Headache
 - b. Nausea or feeling like vomiting
 - c. Blurred vision
 - d. Balance problems or dizziness
 - e. Feeling “dinged” or “dazed”
 - f. “Don’t feel right”
 - g. Sensitivity to light or noise
 - h. More emotional or irritable than usual
 - i. Sadness
 - j. Feeling nervous or anxious
 - k. Neck pain
 - l. Feeling slowed down
 - m. Feeling like in a fog
 - n. Difficulty concentrating
 - o. Difficulty remembering

Tools such as the [Concussion Recognition Tool 6 \(CRT6\)](#) and the [HeadCheck app](#) should be used to help identify a suspected concussion.

Summary of the Initial Sideline Management

SUMMARY OF THE INITIAL SIDELINE MANAGEMENT



Return to Play Stages

Stage 1: Rest

A brief period of relative rest (24-48 hours)

- Players should be allowed to engage in activities of daily living immediately following injury, even during the initial period of relative rest.
- There is some benefit in reducing screen time in the first 48 hours after a concussion, but it may not be effective beyond that.
- The player may use simple painkillers (e.g. paracetamol) to help manage symptoms during this time.
- Players should progress to the recovery stage after a maximum of 48 hours even if they have symptoms from their concussion.

Stage 2: Recovery

- Physical activity during the recovery stage can be used as part of the treatment.
- The player may have symptoms during this stage but should be encouraged to participate in activity, commencing with light physical and cognitive activity. Mild symptom worsening (see below) during and immediately following light physical activity is not harmful during this stage.
- Any physical activity performed during this stage must be performed in a safe environment that is free from the risk of repeat head contact (i.e. no team training drills).
- The program should be structured and ideally supervised or overseen by a qualified healthcare practitioner with expertise in the management of concussion and who is familiar with these guidelines (e.g. physiotherapist, osteopath, chiropractor). A guide to graded activity that includes criteria for progression is provided in Figure 3.
- Mild and brief worsening of symptoms is acceptable during the recovery stage (i.e. an increase of no more than 2 points on a 0–10 point scale for less than an hour when compared with the baseline value reported before physical activity). If there is more than a mild worsening of symptoms, the player should stop and attempt to exercise at the same level the next day.
- The recovery stage should start with simple day-to-day activities such as watching TV, reading the papers, using social media, going for a walk. » The player should progress slowly back to full work/school during the recovery stage (for specific return-to-school provisions, see the section on “Special Supplement for the Management of Concussion in Children and Adolescents”).
- The priority for students is to successfully return to school/university before returning to sport.
- The recovery stage will be **variable in length** from injury to injury and person to person but usually takes days to weeks.

Stage 3: Graded loading program (with monitoring)

- Players can only enter stage 3 once they have recovered fully from their concussion. Recovery means that all concussion-related symptoms and signs have fully resolved (for at least 24 hours) at rest and with intense physical exertion, and they have successfully returned to work/school without restriction.
- Given the challenges and limitations in assessing recovery following concussion, a conservative approach is required regarding return to play. The graded loading program allows incremental increases in physical and cognitive load once the player has recovered to ensure that concussion-related symptoms or signs do not return (which is a sign of incomplete recovery).
- Progression through the graded loading program requires careful monitoring for a recurrence of symptoms. The player must be honest with themselves, the team and the team medical/ coaching staff about symptoms.
- The player should experience no concussion-related symptoms during the graded loading program. Players experiencing any concussion-related symptoms during this stage must return to Stage 2 and should have a medical review.
- The duration of the graded loading program is a minimum of 14 days

Stage 4: Return

Return to Play Overview

Medical oversight by a doctor is very important in the management of concussion

- Any player with a concussion or suspected concussion must consult with a doctor:
 - a. As soon as possible after the initial injury to confirm the diagnosis and provide guidance on management,
 - b. Before the player is allowed to return to full contact training, and
 - c. If the progress of the player is slow or stalls due to symptoms at any stage (see section on management of more complicated cases below).

The day-to-day progression and movement between the steps of the program can be guided by the player and the medical personnel at the club (physiotherapist, sports trainer, AFL First Aider) or other healthcare providers in the community.

- **The overall time taken to return to play = 1-2 days of initial relative rest + time taken to recover completely from the concussion + graded loading program with a medical clearance.**
- **The duration of concussion-related symptoms in the recovery stage is the largest determinant of timing to return to play.**
- The **earliest** that the player may return to play (once they have completed a graded loading program and have obtained medical clearance) is on the 21st day following the concussion. This means that a player who is concussed in a match on a Saturday will miss at least the next two Saturday matches and will only be able to return to play on the third Saturday (i.e. the 21st day after the concussion was sustained) if they have recovered according to the protocols and have been medically cleared to return to play. In many cases, recovery will be slower than the minimum 21 days.

Medical Centres & Hospitals

Emergency Care centres around Melbourne are used as overflow for non-life-threatening injuries and offer free, immediate treatment, providing priority care without the need for emergency department visits or when your medical need cannot wait for a GP appointment. They offer on-site pathology, glue, stitches and imaging services. They are directly partnered with local public hospitals. They are Open 7 days 8am until 10pm (some hours may differ). Those closest to our home ground are: -

Medical Centres & Priority Primary Care Clinics

- **Maroondah Priority Primary Care Clinic**

Mountain High Shopping Centre, Shop 30, 7/13 High Street,
BAYSWATER, VIC 3153
Phone: 03 9344 6888

- **Forest Hill Urgent Care Centre**

490 - 524 Springvale Road, FOREST HILL, VIC 3131
Phone: 03 88041940

- **Seymour Street Medical & Dental Clinic**

11 Seymour Street Ringwood 3134
Phone: 03 9955 0606

For more serious injuries, below is a list of local hospitals: -

Hospitals

- **Angliss Hospital**

Phone: 1300 342 255
39 Albert St Upper Fern Tree Gully

- **Box Hill Hospital**

Phone: 1300 342 255
8 Arnold Street Box Hill

- **Maroondah Hospital**

Phone: 1300 342 255
Davey Drive Ringwood East

- **Knox Private Hospital**

Phone: 9210 7000
262 Mountain Hwy, Wantirna